

EPA

**Moderator: Jonathan Stein
October 23, 2017
2:55 p.m. EST**

OPERATOR: This is Conference #276462296

Brittany Martinez: Good afternoon. This is Brittany Martinez, EPA.

(Paul): Hi, Brittany, this is (Paul).

Brittany Martinez: Hi, (Paul).

(Paul): How are you today?

Brittany Martinez: I'm good. How are you doing?

(Paul): Not bad, not bad at all.

Brittany Martinez: Good. And just to let you know, on the line we have Desean Garnett from our region nine office and we have Jeryl Covington here at headquarters.

(Paul): Hello.

Brittany Martinez: And just to let you know we are going to be recording this. I sent you an email, I'm not sure if you received it. I know it's really early there, but we do -
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(Paul): Yes, I did receive it and my understanding is that it's fine to record with (b) (6) but you know, you probably want to get her to say so on the record, yes?

Brittany Martinez: Right, and someone just joined us?

(Mary Alons): It's (Mary, Mary Alons).

Brittany Martinez: Hi. And we have everyone on the line. We're just waiting for (b) (6)

Male: OK. I confirmed with her this morning, so she should be on shortly.

Brittany Martinez: OK.

(Paul): Brittany?

Brittany Martinez: Yes.

(Paul): Hello? So I have (b) (6) on my cell. She just called me, she said she's been calling the number and has been getting a message that she can't use that line. And I had confirmed the number, we just, you know, she has the right number, but I don't know what the problem is.

Brittany Martinez: Interesting. Maybe I can conference her in. Can you share her phone number and I could try to conference her in?

(Paul): OK, let me -- let me try that. (b) (6), she said that -- Brittany said she can try to conference you in if you give me your phone number. I know it's in my phone somewhere, but I don't know where. OK. Brittany, it's (b) (6)

Brittany Martinez: OK, hold on one second.

(Paul): OK, she's going to try you, OK? I think so. Right. Is that (b) (6) voicemail? Yes, I'm here.

Male: Maybe you should hang that up.

(Paul): Hello?

Brittany Martinez: I think it's just...

(Paul): Hello, hello.

Brittany Martinez: Hi. We tried to call but we got her voice message.

(Paul): Yes, I just heard that. Why don't you try again, because she was still on the phone with me for a moment after you started calling her, so I don't know.

Brittany Martinez: OK.

(Paul): I would try it again.

Brittany Martinez: OK. Do I still have (Mary) and Desean on here?

(Mary Alons): Yes.

Desean Garnett: Yes, this is Desean still here.

Brittany Martinez: OK, good, OK, hold on, we'll try again.

(Paul): OK.

Brittany Martinez: Hi, is everyone on the line?

(b) (6): I am, (b) (6).

(Paul): I am, this is (Paul).

Brittany Martinez: Great, great. So we can go ahead and get started. And (b) (6), just to let you know, this call is being recorded.

(b) (6): OK.

Brittany Martinez: For the purpose of this interview. My name is -- and I'll give you a short introduction and then we'll give you an opportunity to speak if you -- before we go onto the questions.

(b) (6): OK.

Brittany Martinez: OK. Well my name is Brittany Martinez and I'm a case manager here at EPA's External Civil Rights Compliance Office in headquarters. I'm assigned to these specific case numbers, it's 44RNO16R9 and 45RNO16R9.

It is ECR -- excuse me, ECRCO's understanding that all parties on this call have agreed to this interview and it's being recorded. Can everyone on the line say yes if that's OK?

(b) (6): Yes.

(Paul): Yes.

Brittany Martinez: OK, and are there any objections?

Desean Garnett: No.

(Paul): No.

(b) (6): No.

Brittany Martinez: OK. This case was originated from a complaint filed on September 14th 2016 by Earth Justice on behalf of Moms on a Mission and the Po'ai Wai Ola West Kaua'i Watershed Alliance.

The complainant alleged that the Hawaii Department of Agriculture and the Hawaii Agribusiness Development Corporation discriminated against farm workers and residents in West Hawaii and on Molokai on the basis of race and/or national origin.

The complaint was accepted by ECRCO on March 9th, 2016. As a reminder, the two allegations that the ECRCO agreed to investigate are whether in administering the pesticide program and the leasing and licensing of the state land program, the HCOA and/or ADC discriminated under the basis of race and/or national origin against farm workers and residents of West Hawaii and Molokai in violation of Title VI of the Civil Rights Act and EPA's implementing regulation.

And whether the HCOA and/or ADC is complying with the procedural safeguard provisions and 40CFR part 7 subpart D which require recipients of EPA financial assistance to have specific policies and procedures in place to comply with their non-discrimination obligation.

This interview is convened as part of ECRCO's investigation to discuss the details of this complaint. We would like to inform you at the outset that ECRCO has a general office policy against disclosing the personally identifiable information of complainants and witnesses. If a request for such information is filed under the Freedom of Information Act.

FOIA includes protections against disclosures of information involving matters of personal privacy. FOIA also includes protections against disclosures of information including personally identifiable information compiled for law enforcement purposes such ECRCO investigations.

Please note for everyone on the line, before you speak, if you could just identify yourselves and that's for the purposes of the recording. And before we begin, does anyone have any questions or would like to provide any opening statement?

(b) (6): Not (b) (6).

Brittany Martinez: OK. OK, so we'll go ahead and move forward with the questions. And at any point if you need clarification, just stop us and we'll provide that clarification for you. So (b) (6), for the record, please state and spell your name.

(b) (6): OK, (b) (6) last name (b) (6)

Brittany Martinez: OK. And if you could provide your telephone number?

(b) (6)

Brittany Martinez: And your preferred email and mailing address.

(b) (6)

Brittany Martinez: OK, thank you and before we move forward I realize you weren't on the line at that time, but we identified everyone who is on the call. From EPA, we have Jeryl Covington who is the technical lead on our investigations team.

She's here at headquarters. We have (Mary Alons) who is representing our general counsel on this complaint and we also have Desean Garnett and he is representing regional counsel from region nine.

(b) (6): OK.

Brittany Martinez: So before we go, I would like for you to describe your professional qualifications if you could.

(b) (6): OK, I'm a primary care provider, nurse practitioner, specialty in family practice and women's health. And I have been a healthcare provider for 35 years now and lived on Hawaii for 40 some years, most of my life.

And I am currently working independently, but before this, two and a half years ago worked for a federally qualified healthcare center on the west side of Hawaii where all the pesticide spraying is occurring or most of it.

Brittany Martinez: OK.

Jeryl Covington: (b) (6), again, you said you are an independent contractor?

(b) (6)

Brittany Martinez: OK, and can you please state the name of your employer or the name of the business?

(b) (6)

Brittany Martinez: (b) (6), OK, and where is your facility located?

(b) (6): Well, my business address is my home, but I'm mobile, so go into other people's homes and places where, virtualized where they like to meet.

Brittany Martinez: OK, and can you describe the type of services that you provide?

(b) (6): I provide primary care, just as a general practice primary care doctor would.

Brittany Martinez: OK, and do you work closely with the native Hawaiian community?

(b) (6): Yes, even more so when I was working on the west side of Hawaii, but yes.

Jeryl Covington: And where do you work, where is your primary location of care that you provide?

(b) (6): I work all over the island, but the reason I say more so when I worked on the west side is that I was only working with the west side people, unless somebody were to come from the opposite side of the island, say, because maybe they're a prior patient of mine and now I'm all over.

Brittany Martinez: OK, and how long have you been running your own business?

(b) (6): For about two and a half years now.

Brittany Martinez: And what facility or where did you work prior to running your own business?

(b) (6): (b) (6)
So (b) (6) in Waimea which is on the west side of Hawaii, and I was there four years and then before that I worked at a hospital in (inaudible) on the more east -- southeastern side of the island for four years, but I've been in healthcare for many, many years.

Brittany Martinez: OK, and did you hold the same type of position at the two prior locations?

(b) (6): Yes, I was either doing primary care or urgent care, but I would say 80 percent primary care, 20 percent urgent care.

Brittany Martinez: OK, and did you work with patients who handled or were exposed to agricultural pesticides?

(b) (6): Yes.

Brittany Martinez: Can you describe if they had any symptoms or what type of symptoms they had when they came into your facility or to you?

(b) (6): Yes. So I feel like I'm -- there's so many things you think that you already know, but of course there's acute and there's chronic exposure. Acute exposure, acute illness to what I felt was pesticide exposure I would see fairly quickly and then get them to the emergency room.

Those people were having difficulty breathing, sensitivity to light and sound, very bad headaches, itching all over and going -- one particular patient I can think of going in and out of consciousness and the other ones showing signs of decreasing consciousness.

So I would rush them to the emergency room, and then from there I did not handle their case. Where I worked with -- within the hospital that I worked at a community clinic that rented from the hospital, so it was really two different healthcare systems.

So once I would pass them over to the emergency room, I was no longer involved in their care except for the reports that I would get back from the emergency room as a primary care provider.

Probably my bigger population were people who were chronically exposed either in the neighborhood of the spray or schools that were -- there's a school that's right next door to the hospital and the spraying was going on as close as 100 feet from the elementary school.

So I would see people from that area who were chronically ill with flare-ups of asthma, unusual rashes that I had never seen in my 35 years of working. They looked like burns and they have not been -- these people had not necessarily even been working in the field. They're in the neighborhoods or at the school or not field workers.

Patterns of illness such as certain times of the year and the other -- I worked with two doctors, two doctors and myself at this organization, patterns of especially respiratory illness at certain times of the year where I understand, I found out later because I started keeping records since the Department of

Health and Department of Agriculture would not take any records from me. They were determined that the patients had to report and that I could not report, so I started keeping my own -- my own logs.

So when I would say asthma, I would say severe allergies that were very resistant to treatment. Normally, say prednisone steroids would really kind of kick the asthma down, I would treat with every aggressive means that I knew how and it would -- and these illnesses would continue and continue and continue. I was really kind of at a loss on what do I do now.

The other things that I would see, children especially with chronic bloody noses, so severe that many of them would have to go to the emergency room to have the vessels cauterized or burned inside their noses.

I had parents who would face anything like, you know, I think there's one particular person who sticks out in my mind, I would see her little -- I was her little boy's primary care provider from the time of four to eight years old and he was very bright and he'll be doing very well in school and she came in one day and said, "Is it possible that the spraying is making it difficult for him to learn?"

He used to have -- it used to be very easy for him to do math and et cetera, et cetera, and now he's so frustrated and angry and cries and says I don't know how to do this and I feel like I did yesterday or a week ago.

Those are some things that I saw. I also would see cancer, but given that cancer is a long-term process, you don't where that started, when they were 8 years old or 40 or what may have contributed to this.

Chronic -- illness from chronic exposure is very mysterious because it could be a number of things, but what I did because the Department of Health and Department of Agriculture were refusing to take reports from me is I started to keep my own log.

So I kept a record for all 2014, of all the patients that I've thought were ill from pesticide exposure and why, what their symptoms were, approximately what neighborhood they lived in, their age et cetera.

And I could say that between 5 and 20 patients a month and that was a conservative number, I felt were ill from pesticides. And I can go back and look at the records and see what else, but those were the things that stick out in my mind.

And another thing is infertility, I was chronically getting these reports of people trying to get pregnant, these patients would come in, really trying to get pregnant and I keep having miscarriages or I can't get pregnant, that was also a very common complaint.

Brittany Martinez: OK and this is Brittany. So just to back up, I understand that you've had your mobile medical business for the last two and a half years and then you've outlined the two other locations that you worked at prior.

So as far as pesticide exposure, over the past two and a half years what have you noticed as far as frequency? I just want to make sure that what you've outlined is described in the timeframe?

(b) (6): So in the last two and a half years, the first year, I didn't see many patients. I myself, it's not clear what I was diagnosed with.

The first I was told I had Guillain-Barre and then I went to a couple -- this is right when I was finishing my job in (b) (6) about March of 2015, I became suddenly partially paralyzed, and I was told that I probably had Guillain-Barre, but then the neurologist hereafter I was in the ICU and rehab, et cetera, I went to a couple of different neurologist specialists, one on Oahu and then one in California.

And they told me that they not think it was Guillain-Barre, that it could be something like pesticide poisoning, but they weren't sure because when I was diagnosed originally, nobody did any pesticide testing and I didn't think of it.

Normally, I would be the one ordering these tests on patients, but I was -- being a patient, I didn't even think about it for weeks afterwards and then I started inquiring and so --

So anyways the testing for pesticide poisoning on me came back negative, however, I was high in heavy metals which is oftentimes associated with pesticide exposure. So for that first year from March 2015 on, I saw very few patients because I was on disability and ill. And now I see patients all over the island.

I can tell you that I've worked on every single side of this island because I've been here since I was 15 and I'm 58 now. I went away to college, but I did not see -- on the other side of the island -- I did not see anything like the rashes, especially the rashes that I was seeing on the west side and also the asthma.

I did not see the extreme resistance to treatment I would say, and also the extreme symptoms for also say nose bleeds. That was also something I was not seeing on the other side of the island so frequently. So I could make that comparison though I'm not really sure if I'm getting to the answer of your question.

Brittany Martinez: No, no, I mean that's helpful and we're going to ask more specific questions about your -- the exposure that you've experienced from pesticide and pesticide drift.

But I wanted to go back to what you initially spoke about, about the patients that you had examined or encountered over your career. I know that for the past two and a half years, you said the first year you didn't encounter as many patients who had pesticide exposure, but prior to that, how frequently did you encounter that when you worked at the other facilities?

(b) (6): You mean other than the west side, other than that (b) (6)?

Brittany Martinez: Yes.

(b) (6): I don't remember feeling that at all, but that the history that I was getting of the exam, the exposure, I didn't feel like I was getting that picture at all than the whole rest of the island.

Jeryl Covington: (b) (6) for our understanding of how the layout of the agricultural businesses are, you refer to the west side and the other side of the island,

where does most of the applications in pesticides, where -- on what side of the island does that occur?

(b) (6): That's the west side.

Jeryl Covington: So that's the west side. And when --

(b) (6): Yes. They're spraying up to 90 pesticides on a regular basis, up to 16 times a day, 250-some days a year.

Jeryl Covington: OK. And the school that you first spoke of where you were seeing the students having the issues, that was also on the west side?

(b) (6): Yes.

Jeryl Covington: OK, and the gentleman that you said you encountered, and I don't know what timeframe it was, the ones that were having consciousness issues when they were exposed, they were from the west side as well?

(b) (6): Yes.

Jeryl Covington: OK and what --

(b) (6): Now one of them was not a field worker. One of them lived at one of the plantation camps that's right next to, I believe it's (Dow), which does a lot of spraying and she lives in the plantation camp. And she came in and she's probably the worst, she went into a coma.

Jeryl Covington: OK.

(b) (6): And she is not a field worker.

Jeryl Covington: OK. This is Jeryl again, let me ask you this. So she -- and explain the -- you've mentioned something that we're not familiar with, the plantation camps. Now, who owns those and I'm assuming those are on the west side of the island as well?

(b) (6): Yes, yes, yes.

Jeryl Covington: And where are they in relationship to the spraying applications?

(b) (6): Well they were set up to for cane when we were growing cane here on (inaudible) and so their -- I wouldn't say town, but they're areas of small shacks where they were given either free rent or very low rent for the cane workers to live there.

Now, I don't know at that time, I think it was also then too, (b) (6) owns these little camps. They own a lot of property on the west side and now, my understanding is that the people that work in the -- in the pesticide or in the GMO company field are able to live there and pay next to no rent.

I could tell you that some of my patients have told me that the agreement is they can stay there if they don't make a fuss about what's going on with them being sprayed. And she lived in one of those camps.

Jeryl Covington: OK. And did she report to you that she was being sprayed by the pesticides?

(b) (6): So what happened was she -- when these companies would -- I've seen a lot of field workers but I would see them mostly for -- their driver's license, big equipment type of thing, I would see them mostly for kind of routine things.

So she came in -- when there's a sick person -- well, this doesn't really include her or shouldn't -- well anyway, when these companies have somebody who's become ill, each time this happens with me as a provider, this person would be dropped off in the lobby and be -- the manager or whoever brought them from the company did not come in with them, so I didn't even know what spray was used or when or if that was even the problem or whatever.

But she came in having difficulty breathing, losing consciousness and I was -- so she told me where she lived and I was able to figure that out. And I knew that it's the effects of the spraying. And so I rushed her to the emergency room.

The problem is that we have not had -- all that I know about pesticides I taught myself, we as providers have not learned this in schools because when

something is chronically -- I mean we took an oath to do no harm, so if something we see is chronically being done, then our understanding is we let the company or whoever is doing the damage to know this and it stops.

So the emergency room doesn't really know what to do with these kinds of situations. I understand they've gotten some training, but I also understand they're not using it. So she never got any testing.

But I did get a note back after she had been in the hospital for five days saying it was caused by a sinus infection which to me is just not correct, because how can you -- she went into a coma with a sinus infection, I don't think so.

So yes, she wasn't a field worker, but the field workers that are, that did come in, I would never see a supervisor with them, they would be dropped off at the lobby and left.

Jeryl Covington: OK. And let me ask, (b) (6), at this camp that the company has owned and you necessarily -- you were stating that you necessarily have to be a worker there, were children allowed to live in those camp areas as well?

(b) (6): Oh yes, lots of kids live there.

Jeryl Covington: OK and you saw -- you saw them for medical treatment as well?

(b) (6): Yes. I don't see as many kids because kids tend to go to pediatricians, but I have a handful of kids that are my patients.

Jeryl Covington: OK, OK and the school that was near that you're talking on the west side, was that an elementary middle school or high school, what?

(b) (6): Well there's all three, it's a very small area.

Jeryl Covington: OK.

(b) (6): So right next door is Waimea Canyon Middle School, a couple of miles down the road is Kekaha Elementary School and then one mile from the hospital is Waimea High School.

Jeryl Covington: OK. And the people that you were treating from this area, you are doing -- you do that now with your mobile business or you did that when you were working in the clinic? What time was this?

(b) (6): I do some of that now, but not as much because I'm not -- I'm not working fully on the west side and I'm also somewhat disabled. I'm partially disabled I guess I would say and so I don't -- I can't work at the pace as I used to, and so I don't see as many patients, period.

Jeryl Covington: Those early accounts of when you were speaking of that -- of the woman that was sprayed, when did that happen? Did you have a timeframe of when that happened?

(b) (6): Oh gosh, I've had to -- yes, I hope I have that one written down, but it would be probably three years ago.

Jeryl Covington: OK.

(b) (6): I sent Paul a lot of my correspondents with the Department of Agriculture and Department of Health and it's probably in there somewhere, but I don't remember the exact date or anything.

Jeryl Covington: Are you -- do you believe that the healthcare facilities that you worked at, did they -- were they aware, did they make the connection? You had to have documented this in some records, did they have do you think the medical clinics would have had a record of these occurrences?

(b) (6): Normally, I would go over there or pick up the phone and talk to them or call them. We didn't share medical records unless they were requested because we weren't on the same electronic medical record system. But there's a lot of politics that was going on that made it difficult for them to follow through with things that probably they would have liked to do.

And so my experience is that they would just kind of avoid the question of could this be pesticides at the emergency room.

Jeryl Covington: OK. Well when you made an account that the managers, the plant managers would drop off the employees.

(b) (6): Yes.

Jeryl Covington: So do you -- are you aware that the plant kept any records of any type of health impairment of their employees?

(b) (6): That that plants did?

Jeryl Covington: The plants, yes.

(b) (6): I have no idea but I do know that most of them have either a nurse practitioner or physician's assistant or an EMT that work on their campus.

So, I would guess that they would keep records, but it felt to me like they made a point of trying to avoid any communication with me because I would call them and ask them what was sprayed and we can't tell you that, we don't know, it was just a lot of vague responses and I didn't have the time to be continuing the call with all kinds of vague responses.

I had some patients in front of me and they just (inaudible) to look at the good neighbor policy which is a policy that they volunteered to put forth that list all the pesticides they spray but they don't put it out until a month after it's been sprayed and they don't say when and they don't say like what day and they don't say where it was sprayed. They just say what was sprayed. So, I actually didn't get any help from them at all.

And I couldn't get any help from the Department of Agriculture and the Department of Health who told me that I could not be the one to report; I had to be the patient which to me seemed very strange because, say, if there's a measles outbreak the Department of Health sends us, we get an email within the day saying these are the symptoms to watch for. We need to hear right away if you see this.

And so, I thought, OK, they're going to be listening and I should just take this information. No. And the problem is the Hawaiians -- it's not a problem but

it's one of the challenges – the culture of the Hawaiians, are very soft-spoken kind, they would like to not be confrontational. They'd like to believe what you're telling them.

And so even, say, this woman who went into a coma, it's now years ago so it's not complete, it's a little fuzzy to me but she is convinced I understood that these companies have told them that they will do no harm to them and that they basically is comforting.

And so, there was no reason to report and also their auntie or their sister or their cousin or their husband work there and so they were afraid of job loss or to being ostracized, et cetera, et cetera.

So, they didn't report. So, I couldn't report and they didn't report. I had one patient who finally reported. And he's very happy he's having his medical record shared with everybody. And so, I got a written consent from him and I sent this to the Department of Health and I sent it to the Department of Agriculture and I didn't hear anything back.

Brittany Martinez: OK. This is Brittany again. We understand that you have patient privacy obligations so some of these questions just if you could and you're doing a great job, if you could answer to the best of your ability but we understand that there may be constraint.

(b) (6): Yes.

Brittany Martinez: So, I wanted to follow up the patients that you have examined who may have had pesticide exposure.

(b) (6): Yes.

Brittany Martinez: Do you recall like a percentage or how many may have been native Hawaiian?

(b) (6): Well, the west side (Kauai) has the highest concentration of native Hawaiians in the whole state so I would say that – and Hawaii, mostly people are mix. There's not a lot of pure Hawaiians. But where I was working it's the closest to that.

So, I would say half or more were mostly indigenous, mostly Hawaiians. Other large percentage was Filipino; a lot of Filipinos including immigrant workers work at the field or work at the field.

Brittany Martinez: OK. And can you speak to the percentage of patients that may have worked at these agricultural fields?

(b) (6): Who are Hawaiians or what do you mean?

Brittany Martinez: Both. So, out of the patients that you examined, would you say that they've been exposed based on them working on the fields or do you think it's from pesticides risk?

(b) (6) I think it's both. The people who came from the fields would be either I'm doing their exam which is like I said a driver's license-type exam or they were being acutely ill people. They were exposed more closely. And then the rest were simply in the neighborhood which is very close, it's all very tight neighborhood.

Like I said, the spraying behind the schools that is next to the hospital is only 100 feet. That was Syngenta that was spraying. So, it didn't really have to be working in the fields to be sick from the pesticide.

Brittany Martinez: OK. And out of the farm workers you spoke to that you think it's more than half would be native Hawaiian individuals.

(Mary Alons): Ms. Maupin, this is (Mary Alons).

(b) (6): Yes.

(Mary Alons): And I wanted to circle back. So, you talked about how in 2014 you kept a log of what you felt were pesticide exposures in you're seeing somewhere between 5 and 20 patients a month that you felt that's what was going on.

(b) (6): Right.

(Mary Alons): And you also mentioned that you had given (Paul) a bunch of correspondence I guess related to this. The correspondence you were talking about, is that what was going on in 2014 and is there..

(b) (6): Oh, go ahead. Sorry.

(Mary Alons): Well, I was just going to ask has (Paul) given us that correspondence or can he and then whatever log you had, is that something you shared with him or is that something you didn't because of patient privacy.

(Paul): Yes. I haven't shared anything yet, so I think that I would need authorization from Marghee but I do have some of that.

(b) (6): Yes. I gave him the records without any names; I have the names separate. I didn't give him any names, of course, except for the one patient who said please share with the Department of Agriculture, Department of Health and any government entity that could help us.

He lives on Hawaiian homelands and that's the only cattle ranch on Hawaiian homelands on the west side and he was very sick from pesticide exposure. He's had periods of temporary blindness and came to me and I put him on FMLA on disability and his symptoms completely cleared within about two weeks. And he did not work for the company.

(Mary Alons): OK. And so, (Paul) has those records that you're talking about, this gentleman that you were just talking about with the temporary blindness?

(b) (6): I didn't send it to him but I sent him a whole lot of stuff so I don't know...

(Mary Alons): No. Yes. So, I guess the question is whether you authorized (Paul) to provide those records that you sent to him to us.

(b) (6): Am I authorizing that, is that what you're asking?

(Mary Alons): Yes.

(b) (6): Yes. Yes, because the patient asked me to please – he gave me written permission. He said please send this to anybody who could help us out so that's what I'm doing.

(Mary Alons): OK. And then also the correspondence you were talking about, you had correspondence with the Department of Health and the Department of Agriculture where you were trying to get them, can (Paul)...

(b) (6): Yes.

(Mary Alons): OK.

(b) (6): For about two years I tried to get them to take the report from me and when I got to the end of my rope and they finally sent me a reporting form (inaudible) to report from and they finally sent me a California pesticide report form which to me meant they didn't have one. So, yes, they were refusing to take the report from me for a couple of years.

(Mary Alons): And then after they sent you the form they said oh, but this form is what, it has to be the actual patient that sends it in or finds it or authorizes it.

(b) (6): Yes. Yes. Yes. And then towards the end at one point they said – we'll I started investigating what are the laws, am I supposed to be – there's a mandated report or and I found out that it is a mandated report for me to report to the Department of Health that I feel that somebody is ill from pesticide and all this time they had been refusing to take the report.

Brittany Martinez: This is Brittany. Who requires that reporting?

(b) (6): I can't remember the name, it's HRS something though. I can't remember the name of the law. I can look it up but there is a law that said that I was mandated if I was at 50 – I think it was 51 percent positive or concerned that it could be pesticide exposure was making a person ill that it was a mandated report for me to tell you to report to – to file with the Department of Health.

Brittany Martinez: And when was the last time you attempted to submit information to the Department of Agriculture or the Department of Health?

(b) (6): Well the very last time was after I was already done working there and I had seen this gentleman that I'm telling you about, the (inaudible) there.

I was told to – I called the Department of Health, Department of Agriculture and I was told to give a report to someone, an agricultural state worker, I think (b) (6) so I did that and sent her a letter with the report and I called her later just to make sure she got it, and she said yes and that was it.

Brittany Martinez: OK. (Mary), did you have anything else for that?

(Mary Alons): Actually, yes. I just wanted to go back just so that I get the timeline, I understand the timeline. And I didn't quite catch the name of the facility that you worked at before you went on your own. Maybe if you could spell that, that would be helpful.

(b) (6): OK. It's (b) (6). (b) (6) (b) (6). And it's a federally qualified healthcare center.

(Mary Alons): OK. And so I'm just got to sort of go back over the timeline. So you worked there for four years.

(b) (6): Yes.

(Mary Alons): Until 2015 and then you took some time off – well, you were on disability and then you started working again for the last two and a half years out on your own.

(b) (6): Yes. And the first of that two and a half years I was not seeing many patients because I was ill. So I should really probably say a year and a half instead of two and a half for that reason.

(Mary Alons): OK. And then prior to that you were working in the same hospital that the clinic does – the clinic is in the hospital but it's not part of the hospital.

(b) (6): Right. They rent in the hospital.

(Mary Alons): Right. So then you were in a separate hospital on the west side.

(b) (6) I'm not on the west side, no. I was in (inaudible) which is the eastern, southeastern side of the island.

(Mary Alons): And were you seeing similar pesticide issues at that hospital?

(b) (6): No.

(Mary Alons): OK. All right. I think that's it for me for the moment.

Brittany Martinez: OK. And this is Brittany. As far as treatment for pesticide exposure, what kind of treatment was provided to patients?

(b) (6): Well a couple things, so there's acute exposure but they quickly have to go to the emergency room. My understanding is they got fluids, they got oxygen and they were kept for observation if need be.

For me, it's more of the chronic exposure. So I will be treating say an asthma case. I would be treating with prednisone which is the most aggressive treatment, but it was difficult to even get results with that which is unusual.

Brittany Martinez: OK.

Jeryl Covington: This is Jeryl Covington, let me ask you, were the employees that were working in the fields that you saw, were they ever provided with any type of protection equipment that they could use? Any type of mask or any type of breathing apparatus so they could minimize their exposure?

(b) (6): You know, I don't have a comprehensive picture of that, but I can tell you that the patients that came in to see me who were maybe coming for driver's license, et cetera, came in with all their dirty field clothes.

I mean there is dirt on their – right on their shirts and their boots, pants and they were coming to me without washing up. And in fact, it was two weeks I was seeing these patients for their driver's license, their big equipment driver's license, their (CVL) license before I had the – before I was struck with the serious paralysis.

So I could tell you that they didn't – weren't required to change their clothes. I would see them when I would drive home. I saw it a few times where somebody must have dropped off the employees, children, baby, et cetera.

And so I saw workers with their babies or children against their soiled clothes walking home or walking wherever probably (inaudible) without clean clothes and having their babies against them. I was also told that they – one of my patients was middle management and he – a Hawaiian man and told me that they were very haphazard, the company is about when they should wear protection and they were not consistent about it and some things he said were really upsetting to me.

One was that he was caught – if anybody was caught standing in one place for more than 30 seconds than they were docked, discipline docked, whatever that might mean and he said he had just never been treated so badly. And then that was just an example.

Jeryl Covington: Did you wear any protective clothing? You indicated that you had come in contact with the workers when they came into the clinic. So what type of protection did you wear as well?

(b) (6): Because I don't know what was sprayed, when it was sprayed, and how it was sprayed, I would have no idea what to even protect myself with, honestly. I mean all I have within my – that's available to me would be like a surgical mask.

So no, I do not protect myself any more than just my normal work clothes protected me. My clothes, shoes, and my normal business-type work clothes and a lab coat.

Brittany Martinez: And so we understand that you encounter patients who had been exposed but have you yourself been exposed to pesticides or pesticide drift?

(b) (6): Well, given that there's always – well almost always a trade wind here and that they're not supposed to spray over 10 miles per hour but the wind is almost always more than 10 miles per hour on the west side. I'm sure that I was exposed to drift and I would take walks.

But during my lunch breaks I'm – so I would – I can tell you that at one point I took a walk and five minutes into my walk I had difficulty breathing and so I turned around and I decided from that point on I was not going to take walks in that area anymore.

And then talking to a scientist there who works at the – a professor at the medical school, University of Hawaii, I thought well maybe the air conditioning at the hospital will filter some of this out but he said, "No, not at all."

So I realized I probably wasn't protected but I wasn't going to be breathing hard because I wasn't walking up hills or anything. So I stopped going for lunch walks.

Jeryl Covington: OK. What timeframe was that?

(b) (6): Oh gosh. That was probably a year or so before I got sick. So I would say around 2014 I stopped taking walks about last year. And that this is now a few years ago, so it's all a little fuzzy to me but I'd say it was about a year probably.

Brittany Martinez: And your home, are you – is your home located near any agricultural fields?

(b) (6): No.

Brittany Martinez: No? OK.

(b) (6): And just interestingly enough, when I was tested, when I finally got it together and it was after being in the ICU and asked them to test me for pesticides, this is really too late, I knew that already but I was high in mercury, lead, and arsenic.

And the only thing I've done is not be over – not work over there, 40 to 50 hours a week and they're all, my heavy metals are now in normal range and I haven't done anything other than just be out of that area.

Jeryl Covington: So are you making a connection between the agricultural use and where you worked caused your health ailment, is that what you're saying?

(b) (6): Well there's no way to prove that, but given just what I told you about the heavy metals, it makes me think that's a good possibility, yes.

And also the fact that the neurologist told me I don't really know or think that this is beyond (b) (6), I think it could be something else and then the possibility of pesticide poisoning came up, however, like I said tests were negative, so there's no evidence of that.

Jeryl Covington: Well what do you believe caused your ailment?

(b) (6): I believe a combination of pesticide exposure. It's a very thick population. So I was work – a very difficult population to take care of, kidney failure, diabetes, cancer, and it was a very fast pace for such difficult patients.

The other thing is I informed my administration that I was very concerned about this, because the thing that got me to start really exploring, so these pesticides, these weird symptoms that I've seen in patients is I had been to a conference, a cancer conference, it was very well attended for this little island. So there was probably about 300 people there.

And one of the speakers was a new cancer oncology doctor to the island and she stood up and said she was alarmed that so much cancer was here on Hawaii employee and how a lot of the cancers or a good majority of the cancer she was seeing were rare cancers that she would normally see in a metropolis because of the population.

And she saw – and she said and most of what I'm seeing is from the west side and I think it's pesticides. She was brand new and there's a fair amount of politics going on here with all this.

And so after she said that, I thought, "Huh," I had not been where I was working for very long, maybe six months. But I really started paying more attention, at the same time all of a sudden she was impossible to get in touch with.

Calling, emailing, going to her office and there was a lot of doctors and nurses that were helpful, testified against the companies, wrote letters, probably 30 or 50 or more and honestly, overnight, I couldn't get any of them to interact anymore and I think that probably they were told they were not.

And one reason I think that is because where I was working on the west side at the community clinic, the hospital that we were housed under, the CEO had been a lobbyist and I believe – he's a lawyer and I think he is a lawyer – and I know he's a lobbyist and also he's a lawyer but I don't know exactly what his roles were at these (seed) companies but he had or was still working for the seed companies when he was the CEO at the hospital.

The CEO at the hospital is very good friends my CEO. So my CEO when I started asking questions and saying I was very concerned and I wanted to start giving each person that came in I wanted to start doing a detailed exposure history.

So I put together a form from the from the EPA Recognition Management of Pesticide" (inaudible). I took a form from there and I started giving it to each person that came in, and my CEO told me that I was not allowed to do that anymore.

I was not allowed to talk to patients about – I was not allowed to use the word pesticide to talk to the patients about or to them, my administrators. administrators. And at the same time, there was a fair amount of people coming from off island and even other countries wanting to know what's going on here in Hawaii that we hear about.

So, I've had many, many interviews kind of like the one that we're having right now and I would get a call within 24 to 48 hours from one of my administrators saying, "We know that you are interviewing about this and we just want you to know that we are aware of it.

And we also want to know that you are making a disclaimer that your opinion is not supported by our organization," which I did every time that they didn't necessarily put that in their publications.

And so, I was – I grew to expect my supervisors, my CEO to contact me every time I would interview, which is probably 20 to 30 times a week.

And at one point, when they said that me, "You can't talk about these things anymore," I said to them, "I took this job because the mission statement fits with how I feel about healthcare and also about the underserved," being the Hawaiians in this situation.

And if I can't talk to them about what they're exposed to and even underneath (inaudible), I mean, I need to know what's going on in their homes and the surrounding of their homes, to know how best to diagnose and to treat them.

(b) (6)

And my feeling was community health is if nobody is addressing this, no healthcare provider or health entity or the Department of Health is addressing this problem, then, we need to be because these are marginalized people. Look at our mission statement. But that – so, it became pretty uncomfortable for me to continue to be there and then I got sick.

(Mary Alons): How many other medical – this is (Mary Alons), how many other medical providers were there at the clinic with you or you were the only?

(b) (6): There's been a little bit of turnover, but there's only three of us, so I'm a nurse practitioner and there's two doctors.

And one was in there a very long time and had noticed something but really didn't want to get into it. He had noticed patterns of illness at certain times of the year and it seemed to coincide with – when the spraying was heavy.

And the other one and he's Filipino, the other one is half-Hawaiian and he has been somewhat involved. Because this can't be proven that pesticide is causing the illness, he's not so interested in that.

He's more interested in the Hawaiians, the oppression and the injustice of the Hawaiians and the poisoning of their side of the island when they're poor and they're not normally vocal and et cetera, et cetera. He's more concerned about the (inaudible) of this issue. It's part of it.

However, I could tell you that he has mentioned something about the illnesses and about how the emergency room has not responded in ways that he thought that they should, like by testing the patients and also, he has had supervisors come in with the patients that were very aggressive and wanting to answer for the patients and he did not like that. So, I have heard something from him like that.

(Mary Alons): Is that the only hospital that sort of serves this population living in and around the fields?

(b) (6): Yes. It's only a population of 70,000 on the entire island. And there's only – there's two hospitals and then there's kind of an – well, two and a half. One is kind of – it's an emergency room and a psychiatric, like a 10-bed hospital, but it doesn't have many services.

Brittany Martinez: Did you have any other questions, Mary?

(Mary Alons): Not at the minute.

Brittany Martinez: OK. And so, this is Britney again, and we understand that you reached out to the Department of Agriculture and the Department of Health.

(b) (6): Yes.

Brittany Martinez: Have you ever contacted the – excuse me, Agribusiness Development Corporation?

(b) (6): I don't know if I have in writing. I have called them when I had sick patients but I don't remember if I sent them anything in writing.

Brittany Martinez: OK.

(b) (6): I have sent a lot to the Department of Health and Department of Agriculture in writing but I don't remember writing directly to the companies. No.

Brittany Martinez: OK. And I understand you've reached out to them before in the context of being a medical provider. But have you ever contacted them on a personal level on your concern?

(b) (6): It's a small island. So, for instance, (b) (6)
(b) (6)
(b) (6).
So, yes, I have some personal – I wouldn't say friends necessarily, but acquaintances.

Jeryl Covington: This is Jeryl Covington, have you reached out to the Department of Agriculture on a personal level?

(b) (6): What do you mean by a personal level? I don't have anybody there that's a friend of mine.

Probably the person that I've been in touch with the most is (b) (6)
Department of Agriculture and (b) (6) who was the local person who was supposedly follow through with any concerns I have as a healthcare provider which she never did. But as far as just casual, no, I don't. I don't know. I mean...

Female: I think.

Female: I'm sorry. Go ahead.

Brittany Martinez: I think what Jeryl was trying to ask is instead of on behalf of your patients, on behalf of yourself reaching out, complaining or contacting them.

(b) (6): Not on behalf – I may have told them about my illness, but there's no – I mean, their typical answer is prove it. So, there's not really – there's nothing I can prove.

So, I would say not personally, no, just about the patients and the concerns of the – my understanding is every single waterway has pesticides in it on the island now, so, concerning the environment or the health of the patients, but otherwise, no.

Brittany Martinez: OK. OK. Does anyone have any other questions? OK. And we've been asking this question to everyone we've been speaking to. What changes would you like to see made if any?

(b) (6): Well...

Brittany Martinez: I know that's a loaded question.

(b) (6): Yes, it is. But I've been asked it many times. I mean, in an ideal world, I don't think they should be there. I mean, they're right next to the ocean where the trade winds are.

They're doing open experiments, open air experimentation. They're not growing anything that's being consumed by animals or people. I don't think they should be there because it's just too risky. Everything is so close.

But, if they are going to be, then, we should have certain buffer zones. We should have posting that "Please do not come near this area for so and so amount of time" and this good neighbor policy should be accessible so that if I see a patient that comes in and I need to know what they've been sprayed with, there's a site I can go to and find it right away. But that information is not available until months later.

And so, buffer zones and transparency, but ideally, they shouldn't be there. It's just not the right conditions. For safety wise, it's not the right environment.

Brittany Martinez: And thank you for sharing that information with us. I just want to get some clarification. You stated that they are not growing anything that's for human consumption.

(b) (6): I'm sorry. What?

Brittany Martinez: You stated and I may have heard you wrong that they're not growing anything on these fields for human consumption?

(b) (6): Not for human consumption or animal consumption. They're simply testing their pesticides.

Jeryl Covington: OK. What are they testing it on? What crop is in the field? Can you identify?

(b) (6): Corn.

Jeryl Covington: I'm sorry?

(b) (6): Corn.

Jeryl Covington: Corn. OK. And do you know anything about the process after they have tested these pesticides on that corn? What do they do with the crop that is raised?

(b) (6): Well, the healthcare part that I really know about, but my understanding is what they're trying to do is design a seed or create a seed that will grow corn in all kinds of terrible environmental conditions such as terrible drought or something like that.

And they're trying to design a seed that can withstand a lot of pesticides and still be living and still be able to feed people or animals or – I mean, that part is really not my area of expertise.

Jeryl Covington: Right. I just wanted to get any understandings that you may have heard from your interaction with patients or just being familiar with the area.

(b) (6): Yes. No. Nothing is grown for consumption for humans or animals. They're testing their pesticides on the corn to see what will kill it and what won't and the result would be a seed that's hardy to all kinds of environmental – difficult environmental conditions.

Brittany Martinez: OK. Well, thank you so much for taking – I'm sorry.

(Mary Alons): Britney, I do have – this is Mary. I have one last question. (b) (6), is there anybody else in the healthcare community that you think would be willing to speak with us?

(b) (6): Yes, I do, and there's not many anymore. Like I said, I don't know what happened.

But, there's one retired doctor who was on a joint fact finding group that they sent nine to 12 months gathering whatever information was already available so that they can make recommendations to the county – and who else, I'm not really sure – as to what needs to be done to protect the people and the environment.

His name is (b) (6) He's a retired pediatrician but he was on the joint fact finding group along with another doctor, but I can't remember his name. But he is very vocal and actually put together a slideshow – I guess you would call it a slide show or a PowerPoint and had a group of us sit together.

There were firefighters. There were a few people, members of the community, some teachers, (Amy Miller) from the EPA came with a couple of people and he showed the PowerPoint of what they found in the joint fact finding group.

And they studied, I believe it was nine different conditions, health conditions, they went around and looked at the statistics for the entire island and I believe it was eight out of nine of those health conditions were highest on the west side but because of the size of the population, it was not considered statistically significant.

(Mary Alons): OK.

(b) (6): So, he's been very involved but he's also – he was (b) (6) a long time ago and what he used to tell people – and I have a daughter with asthma. He used to tell people, families with children who had asthma, move to the west side.

It's dry there, so the asthma will get better which is what I observed too many years ago. I mean, that's we would do and the asthma would get better. That is absolutely not recommended anymore because of the spraying going on there and he will be the first one to say that.

(Mary Alons): Do you have information on how we could contact him?

(b) (6): Let me see if I have his number, just a second.

Brittany Martinez: And this is Britney. I'm sorry. Go ahead.

(b) (6)

(Mary Alons): (b) (6)

(b) (6)

(b) (6) The joint fact finding document is something like 90 pages long, all (inaudible).

My understanding is they were given or granted a certain amount of money to work on the testing the water, getting better statistics from insurance companies, et cetera, et cetera, about health problems. But I haven't heard anything about that.

What I did hear is right on the last day on the coming to their conclusions, I think there were nine people in the group, two of them were from the seed companies, but they dropped out the last minute.

So, I don't know then therefore if that money is not going to be released because the whole committee was not intact at the end or not. But I haven't heard of anything that moved forward on this.

(Mary Alons): All right. Thank you.

(b) (6): The other thing I heard is that that volunteer good neighbor policy was going to go statewide, the one that tells you a month later what's been sprayed and to me that's just a formality to look like they are helping or caring because I have put out many messages in different ways.

If there's any healthcare providers that use that system, please let me know because I need to know how to use it and I haven't gotten one person saying "Yes. I use it," (inaudible) month later. So, I think that's a really silly waste of money to go statewide with that program if that is the plan.

Brittany Martinez: Any other questions? OK. Well, thank you again, (b) (6), (Paul), I'll probably reach out to you to see if we can speak with (b) (6). And maybe we could coordinate that through you if it's a possibility.

(Paul): OK. That's fine.

Brittany Martinez: OK.

(Paul): Sure. And I will coordinate with (b) (6) to clarify which of the materials she's provided to me should would like me to send on to you. It may be all of them or maybe some of them, but I will figure that out and I'll get you whatever it is I'm authorized to get to you.

Brittany Martinez: OK, sounds good. Well, thank you again everybody for taking the time.

(b) (6): Thank you very much. And, yes, this has been such a long journey for me, but I have lots more information. You can call any time. Just remember that there's a time gap, so probably not in the middle of the night, but any other time.

Brittany Martinez: Got it. Thank you so much.

(b) (6): OK. Aloha.

(Paul): Great. Thank you.

Brittany Martinez: Aloha. Thank you.

(b) (6): Bye-bye.

Female: Bye.

(Paul): Bye-bye.

END